Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 - STATE BUILDING B. WING TN1914 05/04/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3025 FERNBROOK LANE LAKESHORE HEARTLAND NASHVILLE, TN 37214 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) N 832 1200-8-6-.08(2) Building Standards 6/17/11 N 832 1. On 5/5/11, the loose finished panel was repaired and stainless steel kick (2) The condition of the physical plant and the plates and corner guards were overall nursing home environment must be ordered for the door of resident developed and maintained in such a manner that the safety and well-being of residents are room #312. 2. On 5/6/11, all resident room doors assured. were inspected and appropriate repairs were completed by the This Rule is not met as evidenced by: Maintenance Assistant and the Based on observations during the survey, the Environmental Services Director. facility failed to maintain the overall physical 3. All resident room doors will be environment as required. inspected monthly by the Maintenance Assistant to ensure The findings include: compliance. 4. The monthly inspections by the Observation during the survey on 5/4/11 at 11:05 AM, revealed resident room 312 entry door Maintenance Assistant will be had a loose finished panel on the bottom part. audited by the Environmental Services Director until no problems 2. Observation during the survey on 5/4/11 at are found with the inspections for 3 11:55 AM, revealed the finished veneer on the consecutive months. resident room 301 entry door was damaged on 6/17/11 the hinge side. 1. On 5/5/11, a replacement door was ordered for resident room #301. These findings were acknowledged by the 2. On 5/6/11, all resident room doors Administrator and verified by the Maintenance were inspected and appropriate Director during the exit interview on 5/4/11. repairs were completed by the Maintenance Assistant and the Environmental Services Director. 3. All resident room doors will be inspected monthly by the Maintenance Assistant to ensure compliance. 4. The monthly inspections by the Maintenance Assistant will be audited by the Environmental Services Director until no problems

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator

consecutive months.

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are found with the inspections for 3